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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

I.

## State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

PECEIVED

MAR 1 4 1991

DISTRICT III	Salita Fe, New Mexico 67304-2088	
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION	O. C. D.
ī	TO TRANSPORT OIL AND NATURAL GAS	articula, Office

Morexco, Inc.						Well API No.				
Idress										
Post Office Box	481, Artes	sia, New	w Me	xico 8	8211-04	81				
ason(s) for Filing (Check proper box)				Other	(Please explai	л)				
ew Weil	Change in	Transporter of	•	Chan	qe of C	perato	r Effec	tive 1	-1-91	
ecompletion		Dry Gas					Taken O			
hange in Operator	Casinghead Gas		$\overline{\Box}$	Бсар	c opera		ranon o			
change of operator give name DeK	alb Energy			00 Cen	tral, C	dessa,	Texas	79761		
address of previous operator				· · · · · · · · · · · · · · · · · · ·			<del></del>		····································	
DESCRIPTION OF WELL		I Da al Marra I	14:	r		12:1	61	<del>-</del>		
ease Name	l l	Pool Name, I		ه ا			Kind of Lease State, Federal or Fee		Lease No.	
Dunn B Federal	15	Ar	tesi	a-Q-GR	-SA	State, i	reactal of rec	Fed.	NM5418	
Ocation Unit LetterE	:1980	_ Feet From Ti	he	NLipe	and6	60 Fe	et From The	W	Line	
Section 10 Townshi	p 18S	Range	28	E , NM	IPM,		Ed	ldy	County	
T DEGICALLENON OF ED AN	IGNORED OF C		A CEV LYD				<del></del>		<del></del>	
I. DESIGNATION OF TRAN					<del> </del>					
lame of Authorized Transporter of Oil	or Conde	insale		Address (Give	address to wh	ich approved	copy of this for	m is to be ser	ਅ)	
Name of Authorized Transporter of Casin	ghead Gas	or Dry Gas		Address (Giw	address 10 wh	ich approved	copy of this for	m is to be set	rt)	
If well produces oil or liquids,	Unit Sec.	Twp.	Rge. I	s gas actually	gas actually connected? When		7			
ve location of tanks.	WIW	1_1_				1				
this production is commingled with that V. COMPLETION DATA	from any other lease o	r pool, give cor	mminglin	g order numb	жг	<del></del>		····		
Designate Type of Completion	Oil We	II Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	<del></del>	Total Depth		<u> </u>	P.B.T.D.	<u> </u>	_l	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations			Depth Casing Shoe							
remonations							Depth Casing	g Shoe		
	TUBING	G, CASING	AND (	CEMENTI	NG RECOR	D D				
HOLE SIZE	CASING &	TUBING SIZE		DEPTH SET			SACKS CEMENT			
		···						FT1-		
	<del>-  </del>						174		<del></del>	
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	100000000000000000000000000000000000000	ii ini n			<del>***</del>			<u> </u>		
V. TEST DATA AND REQUE OIL WELL Test must be after			nd	ha sawal ta a		lavoahla faa dh	المناسم بالسناسية	50= 6.11.24 Fo.		
Date First New Oil Run To Tank	Date of Test	ne oj 1000 ou a		<del></del>	ethod (Flow, p			or juil 24 hol	<i>u 5.)</i>	
Length of Test	Tubing Pressure			Casing Press	ure	Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbis, Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIF	CATE OF COM	MPI IANO	 'E	Jr. ———				<del></del>		
					OIL CO	NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and re Division have been complied with a	nd that the information	given above			O O O		MAR 1 8	-	0.,	
is true and complete to the best of n	-			Dat	e Approv	ed	IIIII +			
	000			By.	(	DRIGINAL	. SIGNED E	3Y_		
Signature Rebecca Olson Printed Name	Production	Analys	st_		Ç	NIKE WIL	LIAMIN HOR, DISTR	210T 10		
March 12, 1991	(505) 746	-6520	<del></del>	Titl	e`				<del></del>	
Date		Telephone No.		11				-		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.